

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2014-15	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Acute Care	\$118,972,016	\$89,309,952	\$646,834,177	\$31,319,695	\$465,111,211	\$158,360,046	\$997,974,512	\$6,082,892	\$725,359,413	\$65,587,393	\$67,530,687	\$146,407,869	\$15,164,648	\$42,881,906	\$10,968,798	\$3,587,865,215
Community Based Long-Term Care																
Base CBLTC	\$155,675,498	\$33,824,029	\$178,214,899	\$1,528,850	\$693,748	\$0	\$0	\$0	\$1,163,897	\$1,176	\$367,733	\$30,602	\$0	\$0	\$981,115	\$372,481,547
Hospice	\$30,949,562	\$4,089,773	\$7,683,006	\$460,424	\$208,059	\$216,881	\$2,819,455	\$0	\$167,804	\$0	\$0	\$0	\$0	\$0	\$31,494	\$46,626,458
Private Duty Nursing	\$3,508,817	\$857,649	\$41,281,984	\$330,290	\$14,756	\$0	\$50,740	\$0	\$3,937,129	\$0	\$11,885,892	\$0	\$0	\$0	\$15,107	\$61,882,364
Subtotal CBLTC	\$190,133,877	\$38,771,451	\$227,179,889	\$2,319,564	\$916,563	\$216,881	\$2,870,195	\$0	\$5,268,830	\$1,176	\$12,253,625	\$30,602	\$0	\$0	\$1,027,716	\$480,990,369
Long-Term Care																
Class I Nursing Facilities	\$460,240,944	\$40,062,618	\$83,833,900	\$152,659	\$271,930	\$13,252	\$2,242,088	\$0	\$0	\$0	\$153,337	\$0	\$0	\$0	\$76,993	\$587,047,721
Class II Nursing Facilities	\$482,475	\$366,037	\$3,365,675	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,214,187
PACE	\$113,195,318	\$13,117,218	\$7,405,662	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$133,718,198
Subtotal Long-Term Care	\$573,918,737	\$53,545,873	\$94,605,237	\$152,659	\$271,930	\$13,252	\$2,242,088	\$0	\$0	\$0	\$153,337	\$0	\$0	\$0	\$76,993	\$724,980,106
Insurance																
Supplemental Medicare Insurance Benefit	\$71,972,858	\$4,268,283	\$38,020,975	\$0	\$254,054	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,850,470	\$136,366,640
Heath Insurance Buy-In	\$13,035	\$22,808	\$1,349,003	\$0	\$29,326	\$0	\$0	\$0	\$67,134	\$0	\$24,103	\$9,775	\$0	\$0	\$0	\$1,515,184
Subtotal Insurance	\$71,985,893	\$4,291,091	\$39,369,978	\$0	\$283,380	\$0	\$0	\$0	\$67,134	\$0	\$24,103	\$9,775	\$0	\$0	\$21,850,470	\$137,881,824
Service Management																
Single Entry Points	\$8,797,435	\$2,441,423	\$18,461,039	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$29,699,897
Disease Management	\$35,283	\$24,521	\$160,934	\$10,240	\$251,170	\$87,950	\$272,488	\$253	\$298,795	\$31,395	\$33,346	\$72,811	\$1,167	\$1,715	\$18,744	\$1,300,812
ACC and PIHP Administration	\$1,229,542	\$753,020	\$5,828,215	\$167,992	\$17,102,893	\$6,626,511	\$23,561,944	\$0	\$51,657,726	\$5,722,016	\$2,419,976	\$1,145,021	\$130,823	\$0	\$12	\$116,345,691
Subtotal Service Management	\$10,062,260	\$3,218,964	\$24,450,188	\$178,232	\$17,354,063	\$6,714,461	\$23,834,432	\$253	\$51,956,521	\$5,753,411	\$2,453,322	\$1,217,832	\$131,990	\$1,715	\$18,756	\$147,346,400
Medical Services Total	\$965,072,783	\$189,137,331	\$1,032,439,469	\$33,970,150	\$483,937,147	\$165,304,640	\$1,026,921,227	\$6,083,145	\$782,651,898	\$71,341,980	\$82,415,074	\$147,666,078	\$15,296,638	\$42,883,621	\$33,942,733	\$5,079,063,914
Caseload	42,087	10,581	66,821	3,425	163,685	70,900	240,362	379	448,326	47,107	20,129	14,883	1,751	2,573	28,124	1,161,133
Medical Services Per Capita	\$22,930.42	\$17,875.18	\$15,450.82	\$9,918.29	\$2,956.51	\$2,331.52	\$4,272.39	\$16,050.51	\$1,745.72	\$1,514.47	\$4,094.35	\$9,921.80	\$8,735.94	\$16,666.78	\$1,206.90	\$4,374.23
Financing	\$100,694,897	\$25,205,805	\$97,409,627	\$4,838,393	\$78,449,558	\$23,327,055	\$207,986,939	\$0	\$111,379,384	\$10,542,348	\$7,944,629	\$37,438,078	\$3,845,179	\$17,349,272	\$9,273	\$726,420,437
Grand Total Medical Services Premiums	\$1,065,767,680	\$214,343,136	\$1,129,849,096	\$38,808,543	\$562,386,705	\$188,631,695	\$1,234,908,166	\$6,083,145	\$894,031,282	\$81,884,328	\$90,359,703	\$185,104,156	\$19,141,817	\$60,232,893	\$33,952,006	\$5,805,484,351
Total Per Capita	\$25,322.97	\$20,257.36	\$16,908.59	\$11,330.96	\$3,435.79	\$2,660.53	\$5,137.70	\$16,050.51	\$1,994.15	\$1,738.26	\$4,489.03	\$12,437.29	\$10,931.93	\$23,409.60	\$1,207.23	\$4,999.84

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2015-16	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Acute Care	\$114,654,729	\$91,024,696	\$643,917,593	\$41,074,475	\$497,324,071	\$184,245,026	\$1,251,861,131	\$2,875,677	\$775,630,487	\$77,652,002	\$66,272,145	\$146,722,960	\$16,704,836	\$43,927,249	\$11,808,658	\$3,965,695,735
Community Based Long-Term Care																
Base CBLTC	\$166,339,528	\$36,229,620	\$193,976,427	\$1,637,990	\$711,053	\$0	\$0	\$0	\$1,747,889	\$1,795	\$396,197	\$32,728	\$0	\$0	\$1,052,832	\$402,126,059
Hospice	\$31,683,215	\$4,355,309	\$7,963,580	\$579,673	\$229,225	\$260,063	\$3,357,700	\$0	\$179,160	\$0	\$0	\$0	\$0	\$0	\$35,748	\$48,643,673
Private Duty Nursing	\$4,087,042	\$995,547	\$47,982,431	\$379,031	\$16,678	\$0	\$57,696	\$0	\$4,538,144	\$0	\$13,743,390	\$0	\$0	\$0	\$17,366	\$71,817,325
Subtotal CBLTC	\$202,109,785	\$41,580,476	\$249,922,438	\$2,596,694	\$956,956	\$260,063	\$3,415,396	\$0	\$6,465,193	\$1,795	\$14,139,587	\$32,728	\$0	\$0	\$1,105,946	\$522,587,057
Long-Term Care																
Class I Nursing Facilities	\$469,541,325	\$40,872,189	\$85,527,985	\$155,743	\$277,425	\$13,520	\$2,287,395	\$0	\$0	\$0	\$156,436	\$0	\$0	\$0	\$78,549	\$598,910,567
Class II Nursing Facilities	\$539,407	\$409,229	\$3,762,825	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,711,461
PACE	\$117,770,294	\$14,181,401	\$8,222,441	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$140,174,136
Subtotal Long-Term Care	\$587,851,026	\$55,462,819	\$97,513,251	\$155,743	\$277,425	\$13,520	\$2,287,395	\$0	\$0	\$0	\$156,436	\$0	\$0	\$0	\$78,549	\$743,796,164
Insurance																
Supplemental Medicare Insurance Benefit	\$75,255,002	\$4,700,507	\$40,640,005	\$0	\$302,309	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,073,514	\$146,971,337
Heath Insurance Buy-In	\$15,392	\$26,929	\$1,592,770	\$0	\$34,625	\$0	\$0	\$0	\$79,265	\$0	\$28,458	\$11,541	\$0	\$0	\$0	\$1,788,980
Subtotal Insurance	\$75,270,394	\$4,727,436	\$42,232,775	\$0	\$336,934	\$0	\$0	\$0	\$79,265	\$0	\$28,458	\$11,541	\$0	\$0	\$26,073,514	\$148,760,317
Service Management																
Single Entry Points	\$9,272,496	\$2,572,772	\$19,457,935	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,303,203
Disease Management	\$35,283	\$24,521	\$160,934	\$10,240	\$251,170	\$87,950	\$272,488	\$253	\$298,795	\$0	\$33,346	\$72,811	\$1,167	\$1,715	\$18,744	\$1,269,417
ACC and PIHP Administration	\$3,051,576	\$1,435,484	\$10,705,290	\$221,455	\$21,848,985	\$9,417,815	\$31,562,068	\$0	\$61,124,762	\$7,469,243	\$3,023,597	\$1,391,655	\$167,756	\$0	\$0	\$151,419,686
Subtotal Service Management	\$12,359,355	\$4,032,777	\$30,324,159	\$231,695	\$22,100,155	\$9,505,765	\$31,834,556	\$253	\$61,423,557	\$7,469,243	\$3,056,943	\$1,464,466	\$168,923	\$1,715	\$18,744	\$183,992,306
Medical Services Total	\$992,245,289	\$196,828,204	\$1,063,910,216	\$44,058,607	\$520,995,541	\$194,024,374	\$1,289,398,478	\$2,875,930	\$843,598,502	\$85,123,040	\$83,653,569	\$148,231,695	\$16,873,759	\$43,928,964	\$39,085,411	\$5,564,831,579
Caseload	42,971	11,307	69,501	4,327	180,612	85,311	287,239	179	480,322	56,118	20,237	14,862	1,923	2,551	32,033	1,289,493
Medical Services Per Capita	\$23,091.04	\$17,407.64	\$15,307.84	\$10,182.25	\$2,884.61	\$2,274.32	\$4,488.94	\$16,066.65	\$1,756.32	\$1,516.86	\$4,133.69	\$9,973.87	\$8,774.71	\$17,220.29	\$1,220.16	\$4,315.52
Financing	\$141,086,412	\$35,297,033	\$136,407,266	\$6,815,277	\$109,858,200	\$32,652,298	\$291,225,952	\$0	\$155,937,612	\$14,749,481	\$11,087,541	\$52,386,086	\$5,391,189	\$24,311,213	\$0	\$1,017,205,560
Grand Total Medical Services Premiums	\$1,133,331,701	\$232,125,237	\$1,200,317,482	\$50,873,884	\$630,853,741	\$226,676,672	\$1,580,624,430	\$2,875,930	\$999,536,114	\$99,872,521	\$94,741,110	\$200,617,781	\$22,264,948	\$68,240,177	\$39,085,411	\$6,582,037,139
Total Per Capita	\$26,374.34	\$20,529.34	\$17,270.51	\$11,757.31	\$3,492.87	\$2,657.06	\$5,502.82	\$16,066.65	\$2,080.97	\$1,779.69	\$4,681.58	\$13,498.71	\$11,578.24	\$26,750.36	\$1,220.16	\$5,104.36

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2016-17	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Acute Care	\$109,160,452	\$93,270,311	\$647,442,019	\$49,540,016	\$513,633,881	\$186,900,664	\$1,309,435,410	\$1,151,726	\$796,406,580	\$83,485,834	\$64,961,470	\$142,818,962	\$17,681,197	\$43,600,987	\$10,771,214	\$4,070,260,723
Community Based Long-Term Care																
Base CBLTC	\$178,622,848	\$39,006,339	\$215,096,128	\$1,761,047	\$763,348	\$0	\$0	\$0	\$2,498,387	\$2,613	\$424,732	\$35,110	\$0	\$0	\$1,134,444	\$439,344,996
Hospice	\$32,628,093	\$4,632,953	\$8,229,228	\$675,707	\$250,209	\$278,435	\$3,480,459	\$0	\$188,855	\$0	\$0	\$0	\$0	\$0	\$39,317	\$50,403,256
Private Duty Nursing	\$4,681,689	\$1,137,196	\$54,962,292	\$434,388	\$18,848	\$0	\$65,608	\$0	\$5,196,122	\$0	\$15,615,068	\$0	\$0	\$0	\$19,941	\$82,131,152
Subtotal CBLTC	\$215,932,630	\$44,776,488	\$278,287,648	\$2,871,142	\$1,032,405	\$278,435	\$3,546,067	\$0	\$7,883,364	\$2,613	\$16,039,800	\$35,110	\$0	\$0	\$1,193,702	\$571,879,404
Long-Term Care																
Class I Nursing Facilities	\$472,407,957	\$41,121,721	\$86,050,148	\$156,694	\$279,119	\$13,603	\$2,301,360	\$0	\$0	\$0	\$157,391	\$0	\$0	\$0	\$79,028	\$602,567,021
Class II Nursing Facilities	\$571,232	\$433,374	\$3,984,832	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,989,438
PACE	\$130,877,240	\$16,138,620	\$9,589,615	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$156,605,475
Subtotal Long-Term Care	\$603,856,429	\$57,693,715	\$99,624,595	\$156,694	\$279,119	\$13,603	\$2,301,360	\$0	\$0	\$0	\$157,391	\$0	\$0	\$0	\$79,028	\$764,161,934
Insurance																
Supplemental Medicare Insurance Benefit	\$80,972,037	\$5,272,976	\$44,282,309	\$0	\$348,031	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,515,593	\$161,390,946
Heath Insurance Buy-In	\$19,326	\$33,816	\$2,000,074	\$0	\$43,479	\$0	\$0	\$0	\$99,535	\$0	\$35,736	\$14,493	\$0	\$0	\$0	\$2,246,459
Subtotal Insurance	\$80,991,363	\$5,306,792	\$46,282,383	\$0	\$391,510	\$0	\$0	\$0	\$99,535	\$0	\$35,736	\$14,493	\$0	\$0	\$30,515,593	\$163,637,405
Service Management																
Single Entry Points	\$9,773,211	\$2,711,702	\$20,506,718	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$32,991,631
Disease Management	\$36,198	\$26,220	\$167,386	\$12,009	\$274,451	\$94,510	\$284,152	\$102	\$315,355	\$0	\$33,663	\$73,667	\$1,285	\$1,680	\$20,882	\$1,341,560
ACC and PIHP Administration	\$4,087,241	\$1,790,669	\$13,168,076	\$243,317	\$23,539,698	\$11,141,409	\$36,667,332	\$0	\$66,014,299	\$7,972,365	\$3,228,456	\$1,485,655	\$179,001	\$0	\$0	\$169,517,518
Subtotal Service Management	\$13,896,650	\$4,528,591	\$33,842,180	\$255,326	\$23,814,149	\$11,235,919	\$36,951,484	\$102	\$66,329,654	\$7,972,365	\$3,262,119	\$1,559,322	\$180,286	\$1,680	\$20,882	\$203,850,709
Medical Services Total	\$1,023,837,524	\$205,575,897	\$1,105,478,825	\$52,823,178	\$539,151,064	\$198,428,621	\$1,352,234,321	\$1,151,828	\$870,719,133	\$91,460,812	\$84,456,516	\$144,427,887	\$17,861,483	\$43,602,667	\$42,580,419	\$5,773,790,175
Caseload	44,144	12,083	72,149	5,067	197,447	91,757	299,107	72	508,637	61,773	20,402	15,034	2,106	2,508	35,393	1,367,679
Medical Services Per Capita	\$23,193.13	\$17,013.65	\$15,322.16	\$10,424.94	\$2,730.61	\$2,162.54	\$4,520.90	\$15,997.61	\$1,711.87	\$1,480.60	\$4,139.62	\$9,606.75	\$8,481.24	\$17,385.43	\$1,203.07	\$4,221.60
Financing	\$148,387,316	\$37,123,575	\$143,466,035	\$7,167,953	\$115,543,115	\$34,341,982	\$306,296,240	\$0	\$164,007,033	\$15,512,733	\$11,661,296	\$55,096,949	\$5,670,171	\$25,569,264	\$0	\$1,069,843,662
Grand Total Medical Services Premiums	\$1,172,224,840	\$242,699,472	\$1,248,944,860	\$59,991,131	\$654,694,179	\$232,770,603	\$1,658,530,561	\$1,151,828	\$1,034,726,166	\$106,973,545	\$96,117,812	\$199,524,836	\$23,531,654	\$69,171,931	\$42,580,419	\$6,843,633,837
Total Per Capita	\$26,554.57	\$20,086.03	\$17,310.63	\$11,839.58	\$3,315.80	\$2,536.82	\$5,544.94	\$15,997.61	\$2,034.31	\$1,731.72	\$4,711.20	\$13,271.57	\$11,173.62	\$27,580.51	\$1,203.07	\$5,003.83

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2014-15**

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2014)	S-1 Difference from R-1	Description of Difference from Appropriation	Department Source
<b>Acute Care</b>						
Base Acute Cost	\$3,359,886,836	\$3,466,448,463	\$3,350,552,936	\$115,895,527	Trends for some populations changed based on 6 month FY 2014-15 actuals	Exhibit F
<i>Bottom Line Impacts</i>						
Breast and Cervical Cancer Program Claims Runout	\$834,968	\$0	\$0	\$0		Exhibit F
SB 10-117: "OTC MEDS"	\$0	\$0	\$0	\$0		Exhibit F
Physicians to 100% of Medicare: 100% Federally Funded Portion	(\$9,575,251)	\$609,631	(\$6,027,427)	\$6,637,058	Higher payments than anticipated; FY 2014-15 now expected to be higher than FY 2013-14	Exhibit F
Physicians to 100% of Medicare: GF and FF Portion Due to Rate Decreases Since 2009	(\$1,865,815)	(\$62,643)	(\$3,198,850)	\$3,136,207	Significantly higher volume of code utilization for applicable services	Exhibit F
Accountable Care Collaborative Savings	(\$44,211,123)	(\$46,193,108)	(\$42,240,749)	(\$3,952,359)	Increased savings utilization expectations based upon actuals	Exhibit F
FY 2010-11 BRI-1: "Client Overutilization"	(\$394,665)	\$0	\$0	\$0	Program undergoing redesign with no set timeline for implementation	Exhibit F
FY 2011-12 BA-9: "Limit Physical and Occupational Therapy"	\$0	\$0	\$0	\$0		Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$3,253,223)	(\$4,443,598)	(\$4,995,171)	\$551,573	PACE enrollment forecast adjusted downward; less savings than originally anticipated	Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$1,441,287)	(\$248,641)	(\$731,697)	\$483,056	Decreased savings utilization expectations based upon actuals	Exhibit F
Colorado Choice Transitions	\$186,839	\$345,145	\$345,145	\$0		Exhibit F
FY 2012-13 R-6: "Dental Efficiency"	\$0	\$0	(\$464,900)	\$464,900	Savings shifted From R-1 estimate due to implementation timing	Exhibit F
FY 2012-13 R-6: "Augmentative Communication Devices"	(\$451,000)	(\$112,750)	(\$246,000)	\$133,250	Savings shifted to FY 2015-16 due to implementation timing	Exhibit F
FY 2012-13 R-5: "ACC Gainsharing"	(\$1,401,004)	\$0	(\$1,401,004)	\$1,401,004	Removed; program currently being redesigned with no set timeline for implementation	Exhibit F
53 Pay Periods in FY 2013-14	(\$38,288,901)	(\$49,726,790)	(\$49,726,790)	\$0		Exhibit F
FY 2013-14 R-7: "Substance Abuse Disorder Benefit"	(\$1,485,982)	(\$1,485,982)	(\$1,485,982)	\$0		Exhibit F
FY 2013-14 R-9: "Dental ASO for Children"	\$0	(\$576,072)	(\$576,072)	\$0		Exhibit F
FY 2013-14 R-13: "2% Provider Rate Increase"	\$4,523,183	\$5,822,884	\$5,507,961	\$314,923	Minor change due to caseload increases	Exhibit F
SB 13-200: "Medicaid Expansion Adjustment"	\$53,348,482	(\$6,736,355)	(\$4,009,347)	(\$2,727,008)	Updated savings based on higher EBNE caseload adjustment	Exhibit F
SB 13-242: "Adult Dental Benefit"	(\$30,741,961)	\$82,329,956	\$82,118,666	\$211,290	Increased estimate due to caseload growth	Exhibit F
Preventive Services	\$646,789	\$107,372	\$107,372	\$0		Exhibit F
Fluoride Benefit Expansion for Children	\$315,385	\$262,821	\$578,206	(\$315,385)	Costs shifted from R-1 due to implementation timing	Exhibit F
CDASS Service Expansion into the Brain Injury Waiver	\$0	(\$112,237)	(\$128,943)	\$16,706	Delayed enrollment on-ramp	Exhibit F
Clients move from Low Income Adults to Baby Care Adults	(\$6,395,649)	\$0	\$0	\$0		Exhibit J
HB 14-1252: "Intellectual and Developmental Disabilities Services System Capacity"	(\$985,189)	\$0	(\$985,189)	\$985,189	Combined with the impact of FY 2014-15 R-8; separate impacts are difficult to isolate	Exhibit F
FY 2014-15 R#8 & HB 14-1252 Client Movement to the DD Waiver	(\$4,915,688)	(\$416,679)	(\$4,915,688)	\$4,499,009	Updated based on FY 2015-16 S-5/BA-5 and combined with HB 14-1252; slow ramp up	Exhibit F
FY 2014-15 R#7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$168,363)	(\$1,621,670)	(\$168,363)	(\$1,453,307)	Updated based on FY 2015-16 S-5/BA-5, slow ramp up pushed savings into FY 2015-16	Exhibit F
FY 2014-15 R#9: "Medicaid Community Living Initiative"	\$364,073	\$364,073	\$364,073	\$0		Exhibit F
FY 2014-15 R#10: "Primary Care Specialty Collaboration"	\$237,497	\$194,282	\$237,497	(\$43,215)	Delay in implementation timing due to delay in installation of consult system	Exhibit F
FY 2014-15 R#11: "Community Provider Rate Increase"	\$52,102,938	\$52,102,938	\$52,102,938	\$0		Exhibit F
FY 2014-15 R#11:" Community Provider Rate Increase" Targeted - Extended Hours/After Hours Care 10% Rate Increase	\$641,597	\$641,597	\$641,597	\$0		Exhibit F
FY 2014-15 R#11:" Community Provider Rate Increase" Targeted - Incentives to Use Ambulatory Surgery Centers	\$333,333	\$333,333	\$333,333	\$0		Exhibit F
FY 2014-15 R#11:" Community Provider Rate Increase" Targeted - High-Value Specialist Services to 80% of Medicare	\$11,312,435	\$11,312,435	\$11,312,435	\$0		Exhibit F
FY 2014-15 R#11:" Community Provider Rate Increase" Targeted - Mammography Reimbursement to 80% of Medicare	\$94,841	\$94,841	\$94,841	\$0		Exhibit F
FY 2014-15 R#11:" Community Provider Rate Increase" Targeted - Assistive Technology Reimbursement Rate to 80% of Medicare	\$22,037	\$22,037	\$22,037	\$0		Exhibit F
FY 2014-15 BA-10 "Dental Provider Network Adequacy"	\$5,000,000	\$0	\$5,000,000	(\$5,000,000)	This had been taken out of the MSP line as it is appropriated to a different line	Exhibit F
FY 2014-15 BA-10 Continuation of "1202 Provider Rate Increase"	\$44,277,696	\$44,277,696	\$44,277,696	\$0		Exhibit F
FY 2014-15 BA-12 "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	\$63,635	(\$145,533)	\$63,635	(\$209,168)	New distribution of population results in savings sooner than previously estimated	Exhibit F
JBC Action: "Matching Incentives to Ambulatory Surgery Center Facilities"	\$500,000	\$333,333	\$333,333	\$0		Exhibit F
JBC Action: "Family Planning Rate Increase"	\$1,817,275	\$1,817,275	\$1,817,275	\$0		Exhibit F
JBC Action: "Raising FQHC Rate Increase to APM"	\$7,261,751	\$7,261,751	\$7,261,751	\$0		Exhibit F
JBC Action: "Full Denture Benefit"	\$26,737,869	\$24,509,713	\$24,509,713	\$0		Exhibit F
EPSDT Personal Care	\$0	\$555,697	\$666,836	(\$111,139)	Implementation delay - Federal requirement	Exhibit F
<b>Total Acute Care</b>	<b>\$3,424,934,358</b>	<b>\$3,587,865,215</b>	<b>\$3,466,947,104</b>	<b>\$120,918,111</b>		
<b>Community Based Long-Term Care</b>						
Base CBLTC Cost	\$473,728,615	\$475,106,005	\$465,411,832	\$9,694,173	Trends for some waivers changed based on 6 month FY 2014-15 actuals, primarily EBD	Exhibit G
<i>Bottom Line Impacts</i>						
Annualization of Adjustment of 53 Pay Periods	(\$5,223,933)	(\$5,933,553)	(\$5,933,553)	\$0		Exhibit G
Colorado Choice Transitions	\$4,941,163	\$2,123,294	\$1,787,479	\$335,815	Revised forecast	Exhibit G
CLLI Audit Recommendations	\$669,816	\$548,032	\$669,816	(\$121,784)	Implementation delay	Exhibit G
Annualization of 8.26% Rate Adjustment	\$2,568,895	\$2,568,895	\$2,568,895	\$0		Exhibit G
Annualization of CDASS Service Expansion into the Brain Injury Waiver	\$170,084	\$241,330	\$277,249	(\$35,919)	Delayed enrollment on-ramp	Exhibit G
Annualization of Alternative Therapies Waiver Chiropractic Rate Increase	\$54,029	\$54,029	\$54,029	\$0		Exhibit G
Annualization of Persons Living with AIDS Waiver Consolidation into the Elderly, Blind and Disabled Waiver	\$0	\$0	\$0	\$0		Exhibit G
HB 14-1252: "Intellectual and Developmental Disabilities Services System Capacity"	(\$236,826)	\$0	(\$236,826)	\$236,826	Combined with the impact of FY 2014-15 R-8; separate impacts are difficult to isolate	Exhibit G
HB 14-1357: "In-Home Support Services in Medicaid Program"	\$297,986	\$297,986	\$297,986	\$0		Exhibit G
Raising Cap on Home Modifications	\$676,923	\$676,923	\$676,923	\$0		Exhibit G
FY 2014-15 R#7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$1,880,836)	(\$619,821)	(\$1,880,836)	\$1,261,015	Updated based on FY 2015-16 S-5/BA-5, slow ramp up pushed savings into FY 2015-16	Exhibit G
FY 2014-15 R#8 & HB 14-1252 Client Movement to the DD Waiver	(\$116,274)	(\$288,538)	(\$116,274)	(\$172,264)	Updated based on FY 2015-16 S-5/BA-5 and combined with HB 14-1252; slow ramp up	Exhibit G
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Pediatric Hospice Services 20%	\$246,878	\$246,878	\$246,878	\$0		Exhibit G
FY 2014-15 R#11: "Community Provider Rate Increase" 2% Across the Board Increase	\$6,431,610	\$6,431,610	\$6,431,610	\$0		Exhibit G
FY 2014-15 R#12: "Administrative Contract Reprocurement"	\$1,753,499	\$1,753,499	\$1,753,499	\$0		Exhibit G
EPSDT Personal Care	\$0	(\$267,617)	(\$321,140)	\$53,523	Implementation delay - Federal requirement	Exhibit G
CDASS Administrative FMS & Training Contract Competitive Reprocurement	\$0	(\$1,948,583)	(\$1,948,583)	\$0		Exhibit G
<b>Total Community Based Long-Term Care</b>	<b>\$484,081,629</b>	<b>\$480,990,369</b>	<b>\$469,738,984</b>	<b>\$11,251,385</b>		

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2014-15

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2014)	S-1 Difference from R-1	Description of Difference from Appropriation	Department Source
<b>Long-Term Care and Insurance</b>						
<i>Class I Nursing Facilities</i>						
Base Class I Nursing Facility Cost	\$567,290,694	\$590,418,000	\$583,208,697	\$7,209,303	Days trend increased based on 6 month FY 2014-15 actuals	Exhibit H
<i>Bottom Line Impacts</i>						
Hospital Back Up Program	\$6,783,601	\$7,172,396	\$7,172,066	\$330	Revised forecast	Exhibit H
Recoveries from Department Overpayment Review	(\$1,658,080)	(\$1,600,000)	(\$1,600,000)	\$0		Exhibit H
Savings from days incurred in FY 2013-14 and paid in FY 2014-15 under HB 13-1152	(\$672,693)	\$0	\$0	\$0		Exhibit H
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$9,659,675)	(\$8,230,278)	(\$8,163,270)	(\$67,008)	Revised forecast	Exhibit H
Colorado Choice Transitions	(\$5,563,503)	(\$4,240,147)	(\$4,117,244)	(\$122,903)	Revised forecast	Exhibit H
SB 14-130: "Increase Personal Care Allowance Nursing Facility"	\$1,057,300	\$1,057,300	\$1,057,300	\$0		Exhibit H
Payment for Audit Findings Concerning Nursing Facility Supplemental Payments	\$0	\$2,470,450	\$2,470,450	\$0		
<b>Total Class I Nursing Facilities</b>	<b>\$557,577,644</b>	<b>\$587,047,721</b>	<b>\$580,027,999</b>	<b>\$7,019,722</b>		
<i>Class II Nursing Facilities</i>						
Base Class II Nursing Facilities Cost	\$4,227,768	\$4,214,187	\$4,214,187	\$0	Revised forecast	Exhibit H
<i>Bottom Line Impacts</i>						
<b>Total Class II Nursing Facilities</b>	<b>\$4,227,768</b>	<b>\$4,214,187</b>	<b>\$4,214,187</b>	<b>\$0</b>		
<i>Program of All Inclusive Care for the Elderly (PACE)</i>						
Base PACE Cost	\$130,064,953	\$133,718,198	\$139,607,769	(\$5,889,571)	Revised forecast	Exhibit H
<i>Bottom Line Impacts</i>						
<b>Total Program of All-Inclusive Care for the Elderly</b>	<b>\$130,064,953</b>	<b>\$133,718,198</b>	<b>\$139,607,769</b>	<b>(\$5,889,571)</b>		
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>						
Base SMIB Cost	\$135,041,629	\$136,366,640	\$135,739,015	\$627,625	Medicare Part B premium remained constant	Exhibit H
<i>Bottom Line Impacts</i>						
<b>Total Supplemental Medicare Insurance Benefit</b>	<b>\$135,041,629</b>	<b>\$136,366,640</b>	<b>\$135,739,015</b>	<b>\$627,625</b>		
<i>Health Insurance Buy-In Program (HIBI)</i>						
Base HIBI Cost	\$3,376,553	\$1,365,261	\$1,365,261	\$0		Exhibit H
<i>Bottom Line Impacts</i>						
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$525,525	\$16,040	\$29,975	(\$13,935)	Delayed program implementation	Exhibit H
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$1,287,596	\$133,883	\$393,991	(\$260,108)	Delayed program implementation	Exhibit H
<b>Total Health Insurance Buy-In Program</b>	<b>\$5,189,674</b>	<b>\$1,515,184</b>	<b>\$1,789,227</b>	<b>(\$274,043)</b>		
<b>Total Long-Term Care and Insurance</b>	<b>\$832,101,668</b>	<b>\$862,861,930</b>	<b>\$861,378,197</b>	<b>\$1,483,733</b>		
<b>Service Management</b>						
<i>Single Entry Points (SEP)</i>						
Single Entry Points (SEP) Base	\$29,078,489	\$28,470,107	\$29,304,678	(\$834,571)	Forecast adjusted based on enrollment expectations in CBLTC	Exhibit I
<i>Bottom Line Impacts</i>						
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Single Entry Point case Management 10% Rate Increase	\$1,229,790	\$1,229,790	\$1,229,790	\$0		Exhibit I
<b>Total Single Entry Points</b>	<b>\$30,308,279</b>	<b>\$29,699,897</b>	<b>\$30,534,468</b>	<b>(\$834,571)</b>		
<i>Disease Management</i>						
Base Disease Management	\$506,957	\$526,953	\$526,953	\$0		Exhibit I
<i>Bottom Line Impacts</i>						
Smoking Quit line	\$773,859	\$773,859	\$773,859	\$0		Exhibit I
<b>Total Disease Management</b>	<b>\$1,280,816</b>	<b>\$1,300,812</b>	<b>\$1,300,812</b>	<b>\$0</b>		
<i>Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration</i>						
PIHP Base	\$119,120,223	\$116,345,691	\$133,904,405	(\$17,558,714)	Revised forecast	Exhibit I
<i>Bottom Line Impacts</i>						
<b>Total Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration</b>	<b>\$119,120,223</b>	<b>\$116,345,691</b>	<b>\$133,904,405</b>	<b>(\$17,558,714)</b>		
<b>Total Service Management</b>	<b>\$150,709,318</b>	<b>\$147,346,400</b>	<b>\$165,739,685</b>	<b>(\$18,393,285)</b>		
<b>Grand Total Services</b>	<b>\$4,891,826,973</b>	<b>\$5,079,063,914</b>	<b>\$4,963,803,970</b>	<b>\$115,259,944</b>		

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2014-15

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2014)	S-1 Difference from R-1	Description of Difference from Appropriation	Department Source
Bottom Line Financing						
Upper Payment Limit Financing	\$5,162,991	\$3,984,164	\$5,065,793	(\$1,081,629)		Exhibit K
Department Recoveries Adjustment	\$0	\$0	\$0	\$0		Exhibit A
Denver Health Outstationing	\$14,066,357	6,209,403.00	\$6,408,699	(\$199,296)		Exhibit A
Hospital Provider Fee Supplemental Payments	\$683,597,029	\$584,796,102	\$757,053,890	(\$172,257,788)	Revised model	Exhibit J
Nursing Facility Provider Fee Supplemental Payments	\$86,274,152	\$92,730,698	\$92,730,698	\$0		Exhibit H
Physician Supplemental Payments	\$11,240,250	\$8,700,070	\$5,619,125	\$3,080,945		Exhibit A
Memorial Hospital High Volume Supplemental Payments	\$2,185,018	\$0	\$5,562,375	(\$5,562,375)		Exhibit A
Health Care Expansion Fund Transfer Adjustment	\$0	\$0	\$0	\$0		Exhibit A
Intergovernmental Transfer for Difficult to Discharge Clients	\$30,000,000	\$30,000,000	\$30,000,000	\$0		Exhibit A
Cash Funds Financing(1)	\$0	\$0	\$0	\$0		Exhibit A
Total Bottom Line Financing	\$832,525,797	\$726,420,437	\$902,440,580	(\$176,020,143)		
Grand Total <sup>(1)</sup>	\$5,724,352,770	\$5,805,484,351	\$5,866,244,550	(\$60,760,199)		
Total Acute Care	\$3,424,934,358	\$3,587,865,215	\$3,466,947,104	\$120,918,111		
Total Community Based Long-Term Care	\$484,081,629	\$480,990,369	\$469,738,984	\$11,251,385		
Total Class I Nursing Facilities	\$557,577,644	\$587,047,721	\$580,027,999	\$7,019,722		
Total Class II Nursing Facilities	\$4,227,768	\$4,214,187	\$4,214,187	\$0		
Total Program of All-Inclusive Care for the Elderly	\$130,064,953	\$133,718,198	\$139,607,769	(\$5,889,571)		
Total Supplemental Medicare Insurance Benefit	\$135,041,629	\$136,366,640	\$135,739,015	\$627,625		
Total Health Insurance Buy-In Program	\$5,189,674	\$1,515,184	\$1,789,227	(\$274,043)		
Total Single Entry Point	\$30,308,279	\$29,699,897	\$30,534,468	(\$834,571)		
Total Disease Management	\$1,280,816	\$1,300,812	\$1,300,812	\$0		
Total Prepaid Inpatient Health Plan Administration	\$119,120,223	\$116,345,691	\$133,904,405	(\$17,558,714)		
Total Bottom Line Financing	\$832,525,797	\$726,420,437	\$902,440,580	(\$176,020,143)		
Grand Total <sup>(1)</sup>	\$5,724,352,770	\$5,805,484,351	\$5,866,244,550	(\$60,760,199)		
Footnotes						
(1) The Department Request is the sum of all the pieces in this document and comprises the summation of this Budget Request for Medical Services Premiums. This total matches the totals presented in Exhibit A of this Request.						



**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2015-16**

Item	Base Spending Authority	S-1 Request and Budget Actions	R-1 Request (November 2014)	Difference	Description of Difference from Base Request
<b>Acute Care</b>					
Base Acute Cost	\$3,316,374,819	\$3,853,376,151	\$3,642,132,777	\$211,243,374	Increasing caseload and per capita costs
<i>Bottom Line Impacts</i>					
Breast and Cervical Cancer Program Claims Runout	\$834,968	\$0	\$0	\$0	
SB 10-117: "OTC MEDS"	\$0	\$0	\$0	\$0	
Physicians to 100% of Medicare: 100% Federally Funded Portion	(\$38,914,422)	(\$38,755,940)	(\$38,755,940)	\$0	
Physicians to 100% of Medicare: GF and FF Portion Due to Rate Decreases Since 2009	(\$4,254,431)	(\$4,269,883)	(\$4,269,882)	(\$1)	Rounding
Accountable Care Collaborative Savings	(\$65,353,795)	(\$100,907,049)	(\$67,833,935)	(\$33,073,114)	Increased savings utilization expectations based upon actuals
FY 2010-11 BRI-1: "Client Overutilization"	(\$394,665)	\$0	\$0	\$0	
FY 2011-12 BA-9: "Limit Physical and Occupational Therapy"	\$0	\$0	\$0	\$0	
Estimated Impact of Increasing PACE Enrollment	(\$5,950,351)	(\$6,885,335)	(\$7,734,047)	\$848,712	Adjusted forecast based upon 6 month FY 2014-15 actuals
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$1,441,287)	(\$702,719)	(\$1,811,118)	\$1,108,399	Decreased savings utilization expectations based upon actuals
Colorado Choice Transitions	\$389,908	\$1,018,292	\$1,018,292	\$0	Enrollment slowed due to access issues
FY 2012-13 R-6: "Dental Efficiency"	\$0	(\$1,704,632)	(\$1,859,599)	\$154,967	Savings shifted from R-1 estimate due to implementation timing
FY 2012-13 R-6: "Augmentative Communication Devices"	(\$492,000)	(\$451,000)	(\$492,000)	\$41,000	Savings shifted to FY 2015-16 due to implementation timing
FY 2012-13 R-5: "ACC Gainssharing"	(\$1,401,004)	\$0	(\$1,401,004)	\$1,401,004	Removed; program currently being redesigned with no set timeline for implementation
53 Pay Periods in FY 2013-14	(\$38,288,901)	(\$49,726,790)	(\$49,726,790)	\$0	
FY 2013-14 R-7: "Substance Abuse Disorder Benefit"	(\$1,485,982)	(\$1,485,982)	(\$1,485,982)	\$0	
FY 2013-14 R-9: "Dental ASO for Children"	\$0	(\$576,072)	(\$576,072)	\$0	
FY 2013-14 R-13: "2% Provider Rate Increase"	\$4,523,183	\$5,822,884	\$5,507,961	\$314,923	Minor change due to caseload increases
SB 13-200: "Medicaid Expansion Adjustment"	(\$77,335,403)	(\$7,477,207)	(\$4,975,338)	(\$2,501,869)	Updated savings based on higher EBNE caseload adjustment
SB 13-242: "Adult Dental Benefit"	\$53,348,482	\$82,329,956	\$82,118,666	\$211,290	Increased estimate due to caseload growth
Preventive Services	\$646,789	\$107,372	\$107,372	\$0	
Fluoride Benefit Expansion for Children	\$0	\$367,949	\$52,564	\$315,385	Costs shifted from R-1 due to implementation timing
CDASS Service Expansion into the Brain Injury Waiver	\$79,103	(\$112,237)	(\$128,943)	\$16,706	Delayed enrollment on-ramp
Clients move from Low Income Adults to Baby Care Adults	(\$6,395,649)	\$0	\$0	\$0	
HB 14-1252: "Intellectual and Developmental Disabilities Services System Capacity"	(\$978,215)	\$0	(\$978,215)	\$978,215	Combined with the impact of FY 2014-15 R-8; separate impacts are difficult to isolate
FY 2014-15 R#8 & HB 14-1252 Client Movement to the DD Waiver	(\$4,915,688)	(\$1,036,067)	(\$4,915,688)	\$3,879,621	Updated based on FY 2015-16 S-5/BA-5 and combined with HB 14-1252; slow ramp up
FY 2014-15 R#7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$336,726)	(\$3,693,804)	(\$336,726)	(\$3,357,078)	Updated based on FY 2015-16 S-5/BA-5, slow ramp up pushed savings into FY 2015-16
FY 2014-15 R#9: "Medicaid Community Living Initiative"	\$370,067	\$370,067	\$370,067	\$0	
FY 2014-15 R#10: "Primary Care Specialty Collaboration"	(\$173,987)	(\$173,987)	(\$173,987)	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase"	\$100,808,404	\$100,808,404	\$100,808,404	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Extended Hours/After Hours Care 10% Rate Increase	\$699,924	\$699,924	\$699,924	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Incentives to Use Ambulatory Surgery Centers	\$500,000	\$500,000	\$500,000	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - High-Value Specialist Services to 80% of Medicare	\$12,340,838	\$12,340,838	\$12,340,838	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Mammography Reimbursement to 80% of Medicare	\$103,463	\$103,463	\$103,463	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Assistive Technology Reimbursement Rate to 80% of Medicare	\$24,040	\$24,040	\$24,040	\$0	
FY 2014-15 BA-10 "Dental Provider Network Adequacy"	\$0	\$0	\$0	\$0	
FY 2014-15 BA-10 Continuation of "1202 Provider Rate Increase"	\$92,983,162	\$92,983,162	\$92,983,162	\$0	
FY 2014-15 BA-12 "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	(\$8,318,999)	(\$5,673,996)	(\$8,318,999)	\$2,645,003	Lower eligible population than originally anticipated; lower total savings anticipated
JBC Action: "Matching Incentives to Ambulatory Surgery Center Facilities"	\$500,000	\$500,000	\$500,000	\$0	
JBC Action: "Family Planning Rate Increase"	\$1,982,482	\$1,982,482	\$1,982,482	\$0	
JBC Action: "Raising FQHC Rate Increase to APM"	\$7,921,910	\$7,921,910	\$7,921,910	\$0	
JBC Action: "Full Denture Benefit"	\$26,737,869	\$26,737,869	\$26,737,869	\$0	
EPSDT Personal Care	\$0	\$1,333,672	\$1,333,672	\$0	
<b>Total Acute Care</b>	<b>\$3,364,737,906</b>	<b>\$3,965,695,735</b>	<b>\$3,781,469,198</b>	<b>\$184,226,537</b>	
<b>Community Based Long-Term Care</b>					
Base CBLTC Cost	\$500,052,999	\$512,501,916	\$506,746,276	\$5,755,640	Trends for some waivers changed based on 6 month FY 2014-15 actuals
<i>Bottom Line Impacts</i>					
Annualization of Adjustment of 53 Pay Periods	(\$5,223,933)	(\$5,933,553)	(\$5,933,553)	\$0	
Colorado Choice Transitions	\$11,264,631	\$6,492,279	\$5,322,651	\$1,169,628	Revised forecast
CLLI Audit Recommendations	\$730,708	\$730,708	\$730,708	\$0	
Annualization of 8.26% Rate Adjustment	\$2,568,895	\$2,568,895	\$2,568,895	\$0	
Annualization of CDASS Service Expansion into the Brain Injury Waiver	\$170,084	\$241,330	\$277,249	(\$35,919)	Delayed enrollment on-ramp
Annualization of Alternative Therapies Waiver Chiropractic Rate Increase	\$54,029	\$54,029	\$54,029	\$0	
Annualization of Persons Living with AIDS Waiver Consolidation into the Elderly, Blind and Disabled Waiver	\$0	\$0	\$0	\$0	
HB 14-1252: "Intellectual and Developmental Disabilities Services System Capacity"	(\$256,584)	\$0	(\$256,584)	\$256,584	Combined with the impact of FY 2014-15 R-8; separate impacts are difficult to isolate
HB 14-1357: "In-Home Support Services in Medicaid Program"	\$1,191,942	\$1,191,942	\$1,191,942	\$0	
Raising Cap on Home Modifications	\$1,353,846	\$1,353,846	\$1,353,846	\$0	
FY 2014-15 R#7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$1,880,836)	(\$1,410,627)	(\$1,880,836)	\$470,209	Updated based on FY 2015-16 S-5/BA-5, slow ramp up pushed savings into FY 2015-16
FY 2014-15 R#8 & HB 14-1252 Client Movement to the DD Waiver	(\$232,548)	(\$716,001)	(\$232,548)	(\$483,453)	Updated based on FY 2015-16 S-5/BA-5 and combined with HB 14-1252; slow ramp up
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Pediatric Hospice Services 20%	\$269,321	\$269,321	\$269,321	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" 2% Across the Board Increase	\$7,016,302	\$7,016,302	\$7,016,302	\$0	
FY 2014-15 R#12: "Administrative Contract Reprocurement"	\$1,753,499	\$1,753,499	\$1,753,499	\$0	
EPSDT Personal Care	(\$642,280)	(\$642,280)	(\$642,280)	\$0	
CDASS Administrative FMS & Training Contract Competitive Reprocurement	(\$4,181,306)	(\$4,181,306)	(\$4,181,306)	\$0	
Sunset of HB 09-1047: "Alternative Therapies for Medicaid"	\$0	\$1,296,756	\$0	\$1,296,756	Previous assumption that the program will be reauthorized has been amended
<b>Total Community Based Long-Term Care</b>	<b>\$514,008,769</b>	<b>\$522,587,057</b>	<b>\$514,157,611</b>	<b>\$8,429,446</b>	

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2015-16**

<b>Item</b>	<b>Base Spending Authority</b>	<b>S-1 Request and Budget Actions</b>	<b>R-1 Request (November 2014)</b>	<b>Difference</b>	<b>Description of Difference from Base Request</b>
<b>Long-Term Care and Insurance</b>					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$597,504,474	\$615,166,167	\$606,088,634	\$9,077,533	Days trend increased based on 6 month FY 2014-15 actuals
<i>Bottom Line Impacts</i>					
Hospital Back Up Program	\$14,662,667	\$14,961,618	\$14,960,571	\$1,047	Revised forecast
Recoveries from Department Overpayment Review	(\$3,376,348)	(\$3,258,080)	(\$3,258,080)	\$0	
Savings from days incurred in FY 2013-14 and paid in FY 2014-15 under HB 13-1152	(\$1,360,821)	(\$653,874)	(\$627,675)	(\$26,199)	Revised forecast
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$19,656,960)	(\$16,756,856)	(\$16,608,995)	(\$147,861)	Revised forecast
Colorado Choice Transitions	(\$15,889,223)	(\$15,664,398)	(\$14,780,493)	(\$883,905)	Revised forecast
SB 14-130: "Increase Personal Care Allowance Nursing Facility"	\$1,057,300	\$2,645,540	\$2,645,540	\$0	
Payment for Audit Findings Concerning Nursing Facility Supplemental Payments	\$0	\$2,470,450	\$2,470,450	\$0	
<b>Total Class I Nursing Facilities</b>	<b>\$572,941,089</b>	<b>\$598,910,567</b>	<b>\$590,889,952</b>	<b>\$8,020,615</b>	
<i>Class II Nursing Facilities</i>					
Base Class II Nursing Facilities	\$4,311,644	\$4,711,461	\$4,711,461	\$0	Revised forecast
<i>Bottom Line Impacts</i>					
<b>Total Class II Nursing Facilities</b>	<b>\$4,311,644</b>	<b>\$4,711,461</b>	<b>\$4,711,461</b>	<b>\$0</b>	
<i>Program of All Inclusive Care for the Elderly (PACE)</i>					
Base PACE Cost	\$145,543,632	\$140,174,136	\$145,181,513	(\$5,007,377)	Revised forecast
<i>Bottom Line Impacts</i>					
<b>Total Program of All-Inclusive Care for the Elderly</b>	<b>\$145,543,632</b>	<b>\$140,174,136</b>	<b>\$145,181,513</b>	<b>(\$5,007,377)</b>	
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>					
Base SMIB	\$143,785,430	\$146,971,337	\$143,021,819	\$3,949,518	Revised forecast
<i>Bottom Line Impacts</i>					
<b>Total Supplemental Medicare Insurance Benefit</b>	<b>\$143,785,430</b>	<b>\$146,971,337</b>	<b>\$143,021,819</b>	<b>\$3,949,518</b>	
<i>Health Insurance Buy-In Program (HIBI)</i>					
Base HIBI Cost	\$3,863,864	\$1,365,261	\$1,365,261	\$0	
<i>Bottom Line Impacts</i>					
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$525,525	\$45,333	\$74,195	(\$28,862)	Delayed program implementation
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$1,287,596	\$378,386	\$975,217	(\$596,831)	Delayed program implementation
<b>Total Health Insurance Buy-In Program</b>	<b>\$5,676,985</b>	<b>\$1,788,980</b>	<b>\$2,414,673</b>	<b>(\$625,693)</b>	
<b>Total Long-Term Care and Insurance</b>	<b>\$872,258,780</b>	<b>\$892,556,481</b>	<b>\$886,219,418</b>	<b>\$6,337,063</b>	
<b>Service Management</b>					
<i>Single Entry Points (SEP)</i>					
FY 2012-13 Base Contracts	\$30,431,479	\$30,073,413	\$31,529,926	(\$1,456,513)	Forecast adjusted based on enrollment expectations in CBLTC
<i>Bottom Line Impacts</i>					
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Single Entry Point case Management 10% Rate Increase	\$1,229,790	\$1,229,790	\$1,229,790	\$0	
<b>Total Single Entry Points</b>	<b>\$31,661,269</b>	<b>\$31,303,203</b>	<b>\$32,759,716</b>	<b>(\$1,456,513)</b>	
<i>Disease Management</i>					
Base Disease Management	\$599,398	\$495,558	\$491,021	\$4,537	Revised forecast
<i>Bottom Line Impacts</i>					
Smoking Quit line	\$773,859	\$773,859	\$773,859	\$0	
<b>Total Disease Management</b>	<b>\$1,373,257</b>	<b>\$1,269,417</b>	<b>\$1,264,880</b>	<b>\$4,537</b>	
<i>Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration</i>					
Estimated FY 2010-11 Base Expenditures	\$137,142,617	\$151,419,686	\$141,660,728	\$9,758,958	Revised forecast
<i>Bottom Line Impacts</i>					
<b>Total Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration</b>	<b>\$137,142,617</b>	<b>\$151,419,686</b>	<b>\$141,660,728</b>	<b>\$9,758,958</b>	
<b>Total Service Management</b>	<b>\$170,177,143</b>	<b>\$183,992,306</b>	<b>\$175,685,324</b>	<b>\$8,306,982</b>	
<b>Grand Total Services</b>	<b>\$4,921,182,598</b>	<b>\$5,564,831,579</b>	<b>\$5,357,531,551</b>	<b>\$207,300,028</b>	



Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2015-16

Item	Base Spending Authority	S-1 Request and Budget Actions	R-1 Request (November 2014)	Difference	Description of Difference from Base Request
<b>Bottom Line Financing</b>					
Upper Payment Limit Financing	\$7,623,824	\$4,053,417	\$5,158,379	(\$1,104,962)	
Department Recoveries Adjustment	\$0	\$0	\$0	\$0	
Denver Health Outstationing	\$6,964,536	\$6,964,536	\$6,408,699	\$555,837	
Hospital Provider Fee Supplemental Payments	\$693,330,144	\$870,703,814	\$820,149,821	\$50,553,993	Revised model
Nursing Facility Provider Fee Supplemental Payments	\$95,428,177	\$96,096,822	\$96,096,822	\$0	
Physician Supplemental Payments	\$13,483,709	\$8,831,734	\$5,619,125	\$3,212,609	
Memorial Hospital High Volume Supplemental Payments	\$555,237	\$555,237	\$5,562,375	(\$5,007,138)	
Health Care Expansion Fund Transfer Adjustment	\$0	\$0	\$0	\$0	
Intergovernmental Transfer for Difficult to Discharge Clients	\$30,000,000	\$30,000,000	\$30,000,000	\$0	
Cash Funds Financing <sup>(1)</sup>	\$0	\$0	\$0	\$0	
<b>Total Bottom Line Financing</b>	<b>\$847,385,627</b>	<b>\$1,017,205,560</b>	<b>\$968,995,221</b>	<b>\$48,210,339</b>	
<b>Grand Total<sup>(2)</sup></b>	<b>\$5,768,568,225</b>	<b>\$6,582,037,139</b>	<b>\$6,326,526,772</b>	<b>\$255,510,367</b>	
Total Acute Care	\$3,364,737,906	\$3,965,695,735	\$3,781,469,198	\$184,226,537	
Total Community Based Long-Term Care	\$514,008,769	\$522,587,057	\$514,157,611	\$8,429,446	
Total Class I Nursing Facilities	\$572,941,089	\$598,910,567	\$590,889,952	\$8,020,615	
Total Class II Nursing Facilities	\$4,311,644	\$4,711,461	\$4,711,461	\$0	
Total Program of All-Inclusive Care for the Elderly	\$145,543,632	\$140,174,136	\$145,181,513	(\$5,007,377)	
Total Supplemental Medicare Insurance Benefit	\$143,785,430	\$146,971,337	\$143,021,819	\$3,949,518	
Total Health Insurance Buy-In Program	\$5,676,985	\$1,788,980	\$2,414,673	(\$625,693)	
Total Single Entry Point	\$31,661,269	\$31,303,203	\$32,759,716	(\$1,456,513)	
Total Disease Management	\$1,373,257	\$1,269,417	\$1,264,880	\$4,537	
Total Prepaid Inpatient Health Plan Administration	\$137,142,617	\$151,419,686	\$141,660,728	\$9,758,958	
Total Bottom Line Financing	\$847,385,627	\$1,017,205,560	\$968,995,221	\$48,210,339	
Rounding Adjustment	\$0	\$0	\$0	\$0	
<b>Grand Total<sup>(2)</sup></b>	<b>\$5,768,568,225</b>	<b>\$6,582,037,139</b>	<b>\$6,326,526,772</b>	<b>\$255,510,367</b>	
Footnotes					
(1) The Department has not received a FY 2015-16 appropriation as of this Budget Request. No annualizations are included.					
(2) The Department Request is the sum of all the pieces in this document and comprises the summation of this Budget Request for Medical Services Premiums. This total matches the totals presented on the Schedule 13 and Exhibit A of this Request.					